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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,397	02/25/2002	Andreas Hofstetter	P01,0402 (26970-0156)	2404
26574 SCHIFF HAR	7590 09/01/200 DIN LLP	9	EXAMINER	
PATENT DEPARTMENT			BURGESS, BARBARA N	
CHICAGO, II	Drive-Suite 6600 .60606-6473		ART UNIT PAPER NUMBER	
			2457	
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			09/01/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

## Interview Summary

Application No. Applicant(s)
10/009,397 HOFSTETTER, ANDREAS
Examiner Art Unit
APPLICATION AND PURCESS 2457

	Examiner	Art Unit	
	BARBARA N. BURGESS	2457	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) BARBARA N. BURGESS.	(3)		
(2) <u>Brett Valiquet</u> .	(4)		
Date of Interview: 19 August 2009.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed: N/A.			
Agreement with respect to the claims f) was reached. g	) was not reached. h) № N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's representative</u> and the case has been abandoned.			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE. OR THE MAILING DATE OF THIS INTFILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW DATE. OR THE SUBSTANCE OF THE INTERVIEW DATE.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
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